

Candidate Registration Format

ID - balkrishnaoraon0022@gmail.com

FOR OFFICE USE	
REG. NO. :	
DATED :	

NAME OF CANDIDATE : BAL KRISHNA ORAON

FATHER'S NAME : BANDE ORAON

MOTHER'S NAME : DASHMI ORAON

DATE OF BIRTH : 03-01-1998

GENDER (MALE / FEMALE) : MALE

CATEGORY : ST

MOBILE NO. : 7482 839173

AADHAR NO. : 6022 0611 3911

PERMANENT ADDRESS : LOHARDAGA

PRESENT ADDRESS : LOHARDAGA

RURAL / URBAN : RURAL

MARRIED / UNMARRIED : UNMARRIED

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	JAC	JAC	2013	321	64.20%

EXPERIENCE (IF ANY) :

NAME OF EMPLOYER	POST / DESIGNATION	FROM	TO	OBTAINED SALARY

N.B., I declare that to the best of my knowledge information furnished by me is true.

DATE : 15-01-25

BALKRISHNA ORAON
SIGNATURE OF CANDIDATE